

# Clinical Perspectives In Lactation

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## Federal Report Shows Lower Rates of Breastfeeding in Rural Areas



The Health Resources and Services Administration (HRSA) has released a new report showing that children living in rural areas of the United States are significantly less likely to be breastfed for at least six months than are urban children. The report, entitled "The Health and Well-Being of Children in Rural Areas; A Portrait of the Nation 2005" uses data collected through telephone surveys representing over 1.9 million households.

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The report indicates that overall, 38.8 percent of children were breastfed for at least six months, although this may not have been exclusive breastfeeding. Breastfeeding for at least six months was more common among children living in urban areas (40.5 percent). While breastfeeding for at least six months was less common in rural areas, the rates were similar between large and small rural areas (31.7 and 31.4 percent, respectively).

Breastfeeding through six months became more common with increasing family income. The highest rates of breastfeeding were among children living in urban areas with family incomes of 400 percent of the Federal poverty level or above. The lowest rates of breastfeeding were among children living in large rural areas with family income below 100 percent of the Federal poverty level.

Breastfeeding was also seen to vary by location within racial and ethnic groups. Across all groups, breastfeeding was more common in urban areas. Rates for Hispanic children were about 40 percent in all locations while among American Indian/Alaska Native children the rates varied from 42 percent in small rural areas to 25.5 percent in large rural areas. Overall, the highest reported breastfeeding rates occurred among White children living in urban areas (43.9 percent). The lowest rate occurs among Black children living in small rural areas (8.6 percent).



## *Does Maternal Postpartum Depression Influence Infant Feeding Outcomes?*

Dennis CL, McQueen K. Does maternal postpartum depressive symptomatology influence infant feeding outcomes? *Acta Paediatr.* 2007 Apr;96(4): 590-4. 2006; 118: 2273-9.

A recent study seems to suggest that early identification of postpartum depression can impact breastfeeding duration. The study attempted to examine the relationship between infant feeding outcomes, infant feeding methods, maternal satisfaction, breastfeeding progress and postpartum depression symptoms.

As part of a population-based study, 594 participants completed questionnaires at one, four, and eight weeks postpartum. Upon analysis, the questionnaires revealed no relationship between diverse infant feeding outcomes at one week postpartum and the development of depressive symptoms at four or eight weeks. However, women showing more signs of postpartum depression were significantly more likely at four or eight weeks to discontinue breastfeeding, be unsatisfied with their infant feeding method, experience significant breastfeeding problems and report lower levels of breastfeeding self-efficacy. The authors concluded that early identification of postpartum depression may not only reduce the morbidity associated with the condition, but lead to increased rates of breastfeeding duration.

## **Duration of Breastfeeding in Families with High Risk of Asthma**



A recent Dutch study indicates that providing increased support to women will increase the likelihood of exclusive breastfeeding. The study was a part of a randomized controlled trial in which verbal and written advice about exclusive breastfeeding for six months was provided to Dutch women expecting a child with a high risk of developing asthmatic traits. Eighty-nine women completed a self-report questionnaire between the third and sixth months of pregnancy, which served as the baseline data.

The study examined factors that influenced the duration of exclusive breastfeeding. The study found significant associations between the duration of exclusive breastfeeding and the mother's breastfeeding knowledge, her intended hours of work per week after maternity leave, and her age. Short term (less than five weeks) or no previous breastfeeding experience of multiparous women appeared to be negatively associated with the duration of breastfeeding. When women in the study received an educational program, they were more likely to succeed in breastfeeding exclusively for six months than the control group. The authors concluded that extra educational support is beneficial, especially for multiparous women with short term or no previous breastfeeding experience.

Gijsbers B, Mesters I, Knottnerus JA, vanSchayck CP. Factors associated with the duration of exclusive breast-feeding in asthmatic families. *Health educ res.* 2007 Apr 5.



## Breastfeeding and Maternal Thyroid Disease

Pat Dunavan, MS, RD, LD, CBE

Hyper and hypothyroid conditions are common in women of child-bearing age especially in the postpartum period. It is important that during pregnancy women diagnosed with hypothyroidism receive adequate thyroid replacement to assure carrying a healthy fetus to term.

When a lactating woman receives thyroid replacement hormone, the infant is exposed to the thyroid hormone levels similar to those from mothers who have adequate amounts of her own thyroid hormone. In rare cases undiagnosed hypothyroidism may be the cause of insufficient milk production. The administration of thyroid replacement hormone to mimic normal levels may improve milk production in these instances.

Hyperthyroidism is rare during pregnancy, occurring in only .2 percent of all pregnancies. However, postpartum thyroiditis occurs in up to 5 percent of all mothers. Postpartum thyroiditis initially presents as an overproduction of thyroid hormone. After about six weeks an insufficient production of the hormone may appear. In women with Graves disease, symptoms may be more severe. For these women, medications that block the synthesis of thyroid hormone are indicated.

If the infant is breastfed, the infant may develop a goiter and symptoms of hypothyroidism if exposed to thyroid blocking medications in sufficient doses. All breastfeeding infants whose mothers are taking any of these medications should have thyroid functions closely monitored as well as careful follow-up of the infant for signs and symptoms of hypothyroidism in the first few weeks of life. Older infants (over six months of age) who are receiving solid foods, are unlikely to experience thyroid problems.

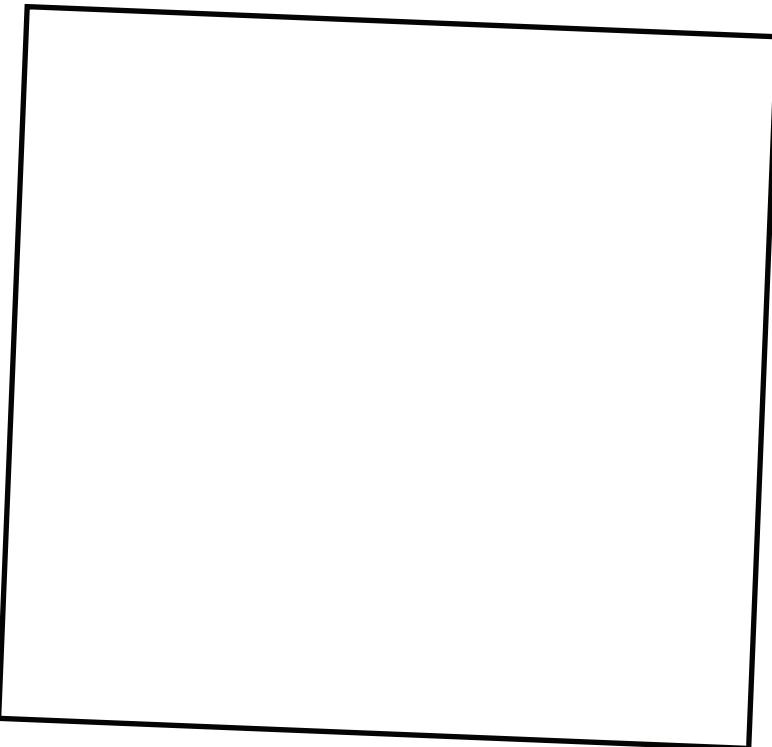
Most lactating mothers on medications for hyperthyroidism can continue to breastfeed with careful monitoring of the infant. Thyroid hormone therapy when given to the lactating mother in appropriate doses poses no risk to the infant. Lastly, remember if there is insufficient breastmilk production, one possible cause may be hypothyroidism.

### References:

Lawrence RA, Lawrence RM, Breastfeeding A Guide for the Medical Profession. 6<sup>th</sup> Ed. 2005. Elsevier Mosby

Hale TW, Medications and Mothers' Milk, 11<sup>th</sup> Ed. 2004. Pharmasoft Publishing L.P.

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## Need Information on Breast Pumps?



Then review this new consumer Web site at <http://www.fda.gov/cdrh/breastpumps/index.html>. Sponsored by the U.S. Food and Drug Administration and the U.S. Breastfeeding Committee, the site provides general information on breast pumps , how to clean and care for the pump, issues of safety and recalls, and links to other helpful organizations and Web sites related to breastfeeding.

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